


UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 C.F.R. 1.53(b))	Attorney Docket No. 1662/466073	
	First Inventor	KONFINO ET AL.
	Title	COPOLYMER-1 IMPROVEMENTS IN COMPOSITIONS OF COPOLYMERS
	Express Mail Label No.	

APPLICATION ELEMENTS <i>See MPEP chapter 600 concerning utility patent application contents.</i> 1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original and a duplicate for fee processing)</i> 2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. 3. <input checked="" type="checkbox"/> Specification [Total Pages <u>13</u>] <i>(preferred arrangement set forth below)</i> <ul style="list-style-type: none">- Descriptive title of the Invention- Cross Reference to Related Applications- Statement Regarding Fed sponsored R & D- Reference to sequence listing, a table, or a computer program listing appendix- Background of the Invention- Brief Summary of the Invention- Brief Description of the Drawings (if filed)- Detailed Description- Claim(s)- Abstract of the Disclosure 4. <input type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets <u> </u>] 5. Oath or Declaration [Total Sheets <u> </u>] <ul style="list-style-type: none">a. <input type="checkbox"/> Newly executed (original or copy)b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) <i>(for a continuation/divisional with Box 18 completed)</i>i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	ADDRESS TO: Commissioner for Patents Mail Stop Patent Application P.O. Box 1450 Alexandria VA 22313-1450 7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (<i>Appendix</i>) 8. Nucleotide and/or Amino Acid Sequence Submission (<i>if applicable, all necessary</i>) <ul style="list-style-type: none">a. <input type="checkbox"/> Computer Readable Form (CRF)b. Specification Sequence Listing on:<ul style="list-style-type: none">i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); orii. <input type="checkbox"/> paperc. <input type="checkbox"/> Statements verifying identity of above copies ACCOMPANYING APPLICATIONS PARTS 9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 C.F.R. 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i> 11. <input type="checkbox"/> English Translation Document (<i>if applicable</i>) 12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i> 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. <input type="checkbox"/> Other:
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18. If a **CONTINUING APPLICATION**, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an *Application Data Sheet* under 37 CFR 1.76:

☒ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No: 10 / 014,477
Prior application information: Examiner Frederick F. Krass Art Unit: 1614

For **CONTINUATION** or **DIVISIONAL APPS** only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS											
<input checked="" type="checkbox"/> Customer Number or Bar Code Label			<div style="border: 1px solid black; padding: 2px; text-align: center;">(Insert Customer Number or Bar Code Label here)</div>			or <input type="checkbox"/> Correspondence address below					
											
Name						23838					
Address						PATENT TRADEMARK OFFICE					
City			State		Zip Code						
Country			Telephone		Fax						

Name (Print/Type)	W. David Wallace	Registration No. (Attorney/Agent)	42,210
Signature		Date	July 10, 2003

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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18946 U.S. PTO
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07/10/03

<h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2003</h2> <p style="font-size: small; margin: 5px 0;">Effective 01/01/2003. Patent fees are subject to annual revision.</p>		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number: TO BE ASSIGNED Filing Date: July 9, 2003 First Named Inventor: KONFINO ET AL. Examiner Name: Frederick F. Krass Art Unit: 1614 Attorney Docket No.: 1662/466073	
TOTAL AMOUNT OF PAYMENT (\$) 750			

METHOD OF PAYMENT (check all that apply) <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 11-0600 Deposit Account Name: KENYON & KENYON <p style="font-size: x-small;">The Director is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.</p>				FEE CALCULATION (continued)																																																																																																																																																																																																																																															
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1204	84	2204	42	** Reissue independent claims over original patent																																																																																																																																																																																																																																															
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**or number previously paid, if greater; For Reissues, see above

SUBMITTED BY				Complete (if applicable)	
Name (Print/Type)	W. David Wallace	Registration No. Attorney/Agent	42,210	Telephone	202-220-4200
Signature				Date	July 10, 2003

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